WISCONSIN LUTHERAN CARE CENTER

P. O. BOX 245039

I. O. DOM WICOU	,						
MI LWAUKEE	53224	Phone: (414) 353-5000					
Operated from	1/1 To 12/31	Days of Operation:	365				
Operate in Conjunction with Hospital?							
Number of Beds	Set Up and Sta	affed (12/31/01):	161				
Total Licensed	Bed Capacity	(12/31/01):	161				
11 1 CD 1	1 . 10/01	/0.1	150				

Ownershi p: Nonprofit Church/Corporation Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Skilled Yes Yes Title 19 (Medicaid) Certified? Yes 

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38. 5
Supp. Home Care-Personal Care	No				)	1 - 4 Years	38. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3. 2	More Than 4 Years	23. 1
Day Services	No	Mental Illness (Org./Psy)	34. 0	65 - 74	6. 4		
Respite Care	No	Mental Illness (Other)	2.6	75 - 84	29. 5	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52. 6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	8. 3	Full-Time Equivale	
Congregate Meals	No	Cancer	1. 9	ĺ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	4. 5	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	12.8	65 & 0ver	96. 8		
Transportati on	No	Cerebrovascul ar	9. 0	<sup>'</sup>		RNs	8. 7
Referral Service	No	Di abetes	7. 7	Sex	%	LPNs	7. 4
Other Services	No	Respi ratory	4. 5		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	23. 1	Male	18.6	Ai des, & Orderl i es	36. 9
Mentally Ill	No			Female	81.4		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care		l	Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	10	90. 9	329	7	6. 4	126	0	0. 0	0	1	3. 0	176	0	0.0	0	0	0.0	0	18	11. 5
Skilled Care	1	9. 1	178	93	<b>85</b> . 3	107	0	0.0	0	31	93. 9	158	0	0.0	0	3	100.0	333	128	82. 1
Intermediate				9	8. 3	88	0	0.0	0	1	3. 0	145	0	0.0	0	0	0.0	0	10	6.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Venti l ator- Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		109	100.0		0	0.0		33	100.0		0	0.0		3	100.0		156	100.0

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WI SCONSIN LUTHERAN CARE CENTER

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services, a	nd Activities as of 12/	31/01
Deaths During Reporting Period	ł						
				%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	9. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1. 9		62. 2	35. 9	156
Other Nursing Homes	7. 5	Dressi ng	17. 9		53. 2	28. 8	156
Acute Care Hospitals	75.4	Transferring	37. 8		44. 2	17. 9	156
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 7		53. 2	23. 1	156
Rehabilitation Hospitals	0. 5	Eati ng	59. 6		25. 6	14. 7	156
Other Locations	7.0	***************	*******	*****	******	*******	******
Total Number of Admissions	199	Continence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	7. 1	Receiving Res	piratory Care	7. 7
Private Home/No Home Health	16. 7	Occ/Freq. Incontinent	t of Bladder	46. 8	Receiving Tra	cheostomy Care	0. 6
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	40. 4	Receiving Suc	ti oni ng	0. 6
Other Nursing Homes	4. 0	Ī			Receiving Ost	omy Care	0. 6
Acute Care Hospitals	35. 4	Mobility			Receiving Tub	e Feeding	4. 5
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	1. 3	Receiving Mec	hanically Altered Diets	22. 4
Reĥabilitation Hospitals	0.0	]			J	· ·	
Other Locations	6.6	Skin Care			Other Resident	Characteri sti cs	
Deaths	37.4	With Pressure Sores		3. 2	Have Advance	Di recti ves	91. 0
Total Number of Discharges		With Rashes		0.6	Medi cati ons		
(Including Deaths)	198	ĺ			Receiving Psy	choactive Drugs	<b>52.</b> 6
<u> </u>		•			9 0	S	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

\* Ownership: Bed Size: Li censure: Nonprofit 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 95.7 88. 9 1.08 85. 7 1. 12 82.7 1. 16 84. 6 1. 13 Current Residents from In-County 82.7 88. 1 0.94 86. 1 0.96 **85**. 3 0.97 77. 0 1. 07 Admissions from In-County, Still Residing 23. 1 22.9 1.01 17.5 1.32 21. 2 1.09 20.8 1. 11 Admissions/Average Daily Census 129. 2 129.6 1.00 212. 2 0.61 148. 4 0.87 128. 9 1.00 Discharges/Average Daily Census 128.6 133. 7 0.96 210. 1 0.61 150. 4 0.85 130. 0 0.99 Discharges To Private Residence/Average Daily Census 21.4 47.6 0.45 87. 3 0.25 **58.** 0 0.37 52.8 0.41 Residents Receiving Skilled Care 93. 6 90. 5 1.03 93.8 1.00 91.7 1.02 85. 3 1. 10 Residents Aged 65 and Older 96.8 97.0 1.00 94. 0 1. 03 91.6 87. 5 1.06 1. 11 Title 19 (Medicaid) Funded Residents 69.9 **56.** 0 1. 25 64. 4 1.09 68. 7 60. 5 1. 15 1.02 Private Pay Funded Residents 21. 2 0.81 23.8 22. 0 35. 1 0.60 26. 1 0.89 0.96 Developmentally Disabled Residents 0.0 0. 5 0.00 0.9 0.00 0. 9 7. 6 0.00 0.00 Mentally Ill Residents 36. 5 30. 9 1. 18 27. 3 1. 34 32. 2 1.13 33. 8 1. 08 General Medical Service Residents 23. 1 27.3 0.84 27.4 0.84 23. 2 19.4 1.19 1.00 51. 2 49.3 Impaired ADL (Mean) 48. 2 50.3 0.96 0.94 51.3 0.94 0.98 Psychological Problems 52. 6 52.4 1.00 52.4 1.00 50. 5 1.04 51. 9 1. 01 Nursing Care Required (Mean) 7. 2 5. 0 7. 1 0.71 6. 7 0. 75 0.70 7. 3 0.69